CAMP SCUGOG HEALTH FORM

Return to: Registrar, Camp Scugog, 50 Edward St., Brantford, ON N3S 1V3 • 905-837-0648

CAMPER NAME: Date of Birth (d/m/y): Age: Session #

Name of parent(s) / guardian(s) with legal custody: _____

Hm.Tel. (____)_____ Cell Tel. (____)_____ Bus. Tel.(____)_____

Health Card #: _____(_____) Last Tetanus shot: _____
expiry

Family Doctor: _____ Telephone: (____)_____

Please check (√) as many as apply.

☐ seizures	☐ bladder infections	☐ depression	☐ ear aches	☐ menstruation
☐ HIV (+)	☐ fainting spells	☐ hepatitis	☐ stomach aches	☐ carries a puffer
☐ anxiety	☐ smoker	☐ sore throats	☐ hemophilia	☐ carries an Epi Pen
☐ ADD	☐ ADHD	☐ headaches	☐ learning disability	☐ asthma
☐ OCD	☐ ODD	☐ diabetes	☐ treated for head lice	☐ other_____

Dietary restrictions:

☐ vegetarian ☐ lactose intolerant ☐ gluten free ☐ no beef ☐ no pork ☐ other _____

Allergies: Drug / Food / Other: (describe) _____

_____

Any life threatening allergies? (we are NOT peanut free): _____

_____

Diagnosed Disorder(s)/ Disability(s)/ Mental Health concerns: _____

_____

Past Medical History: _____

Prescriptions taken this past year that you will NOT be continuing while at camp: _____

_____

Recent operations, illness or injury: _____

_____

Prescription, Over-the-Counter, or Alternative Medication to be taken at camp.

(please bring in original container with the camper name, medication name, Doctor name and phone # and dosage clearly visible)

Name of Medication	Dosage	How/When Administered	Reason for Taking

I confirm that to the best of my knowledge, except as noted on this form, this person is in good health and physically able to participate in all camp activities. I will notify the camp in writing if the individual is exposed to an infectious disease during the three weeks prior to arriving at camp.

In the case of medical or surgical emergency, the camp will contact the parent/guardian or emergency contact on this form. In the event that person cannot be contacted, I give permission to the physician selected by the Camp Director to call for ambulance, secure proper treatment, hospitalize, order injection, anaesthesia or surgery for the individual.

_____ _____ _____

Parent / Legal Guardian Signature Print Name Date